

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000033490

FILED
Apr 10, 2006
Secretary of State

Entity Name: MAC AND SON POOL PLUMBING, INC.

Current Principal Place of Business:

206 PALMETTO SPRINGS ST
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

206 PALMETTO SPRINGS ST
DEBARY, FL 32713

New Mailing Address:

FEI Number: 06-1742333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
92 SADBERRY RD
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCASKILL, SCOTT
Address: 206 PALMETTO SPRINGS ST
City-St-Zip: DEBARY, FL 32713

Title: V () Delete
Name: MCCASKILL, ANITA
Address: 206 PALMETTO SPRINGS ST
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: MCCASKILL, GERALD
Address: 1189 MAYTOWN RD.
City-St-Zip: OSTEEN, FL 32764

Title: T (X) Delete
Name: CALDERON, RAMON
Address: 121 LAGO VISTA BLVD.
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MCCASKILL, SCOTT D
Address: 206 PALMETTO SPRINGS ST
City-St-Zip: DEBARY, FL 32713

Title: VP (X) Change () Addition
Name: MCCASKILL, ANITA D
Address: 206 PALMETTO SPRINGS ST
City-St-Zip: DEBARY, FL 32713

Title: SEC. (X) Change () Addition
Name: MCCASKILL, GERALD A
Address: 1189 MAYTOWN RD.
City-St-Zip: OSTEEN, FL 32764

Title: () Change () Addition
Name: _____
Address: _____
City-St-Zip: _____

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT D MCCASKILL

P

04/10/2006

Electronic Signature of Signing Officer or Director

Date